


**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Mail Stop **AMENDMENT**

Application Number	10/091,372
Filing Date	March 4, 2002
First Named Inventor	Eric M. FERREIRA
Art Unit	1621
Examiner Name	Michael L. SHIPPEN
Attorney Docket Number	1950-0001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fees due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$520.00 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – Three months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks:

The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Mark L. Warzel, Reg. No. 47,264 Reed & Eberle LLP	Telephone	(650) 330-0900
Signature		Date	September 24, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Mary O'Malley		
Signature		Date	September 24, 2004

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FEET TRANSMITTAL for FY 2004

Effective 10/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$520.00

Complete if Known

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Group Art Unit	1621
Attorney Docket No.	1950-0001

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed & Eberle LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Charge any underpayment or credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1001 770	2001 385	Utility filing fee		
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
SUBTOTAL (1)		\$0		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	47	Extra Claims	Fee from below	
Independent Claims	4	5	x 9 = 45.00	
Multiple Dependent				
SUBTOTAL (2)		\$45.00		
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				
			SUBTOTAL (3)	\$475.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Warzel	Registration No. (Attorney/Agent)	47,264	Telephone	(650) 330-0900
Signature				Date	September 24, 2004